

**Washington State Health Benefit Exchange
Plan Management Workgroup -- proposal for discussion
July 12, 2012
Draft v3.0**

Issuer Appeals Process for Denying Certification of a Qualified Health Plan (QHP)

Introduction

Preceding an appeal from an issuer, Health Benefit Exchange (HBE) staff will have

- Reviewed the plan submitted to become certified or recertified as a QHP;
- Worked closely with the issuer and Chief Executive Officer (CEO) of the HBE to resolve any differences;
- Provided the issuer with a notification that HBE will recommend to the Board denying the plan as a QHP; and
- Specified, in the notification, the QHP certification criteria not satisfied by the plan.

Appeal by an Issuer to the HBE Board -- Proposed Process

An issuer may appeal the HBE's notification. The notification would inform the issuer that the HBE is recommending that the Board deny a plan as a QHP because specific certification criteria were not satisfied. An issuer will have up to 15 calendar days from the date of the notification to submit a written appeal to the HBE CEO.

An issuer's appeal must

- Identify the specific criterion or criteria appealed;
- Provide information that clarifies the issuer's position on each unsatisfactory criterion; and
- Succinctly state the decision requested by the Board.

HBE must notify the issuer in writing within 7 calendar days that the appeal was received.

The Board will have up to 30 calendar days from receipt of the appeal to provide a written response that upholds or overturns the denial of the QHP status for the plan. The Board may choose to assign the appeal to a Board Committee to develop a recommendation for the Board.